SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

REGETVED TOWNYGITY CLERK DERBY, CT

2023 OCT 31 PM 2: 28

Do Not Mark in This Space For Official Use Only

COVER PAGE Law & Surplio

1. NAME OF COMMITTEE		MARO J. GARGFACE, N	<u>la</u>
RD 23	00 (2-2000)		
2. TREASURER NAME			
First Christine	™R.	Blaskewicz	Suffix
3. TREASURER ADDRESS			
Street Address 55 Devb	y Neck Rd. city	Derby	State Clip Code OLG 418
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only i	f Candidate Committee)	6. DISTRICT NUMBER
(mm/dd/yyyy) 01 2023	Mayor of	City of Der	(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)	Last	Suffix
Richard	*** P.	Dziekan	Sullix
8. TYPE OF REPORT (Check One Box)			
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement (PACs ONLY)
☐ April 10 filing	□ 30 days following primary	☐ 45 days following referendum	Amendment to
□ July 10 filing	7th day preceding election	☐ Deficit	Type of Report:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination	
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	10/1/2023	thru 10/30/20)23
10. CERTIFICATION			
I hereby certify and state, under p	penalties of false statement, that a priod covered is true, accurate a	all of the information set forth on this and complete.	Itemized Campaign Finance
TREASURER OR DEPUTY TREASUR	Lash Ch er (signature) Print	NSTINER Blaske	$\frac{\text{Wicz}}{\text{DATE (myh/dd/yyyy)}}$

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

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SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

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B. Itemized Contributions from Indivi	duals
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Page 3 of 1

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SEEC FORM 20 Revised January 2015

I. MONETARY RECEIPTS (Sections A-K)

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E. Receipts from Entitume of Entity cet Address y me of Entity	ties other than Individu	als or Other Com	Date Recei	e ferena ved Contribu	dum Committe	Amount Received 2023 OCT 31 PM 2
	ties other than Individu	als or Other Com	ION D mittees (Ra	e ferena ved Contribu	dum Committe	Amount Received
E. Receipts from Entitume of Entity cet Address y me of Entity	ties other than Individu	als or Other Com	Date Recei	e ferena ved Contribu	dum Committe	Amount Received 2023 OCT 31 PM 2
E. Receipts from Entity me of Entity cet Address y me of Entity eet Address	ties other than Individu	als or Other Com	Date Recei	eferena ved Contribu	tions	Amount Received 2023 OCT 31 PM 2
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E. Receipts from Entity The control of Entit	ties other than Individue	Zip Code	Date Recei Date Recei Aggregate Date Recei	ved Contribu Contribu	dum Committe	Amount Received 2023 OCT 31 PM 2 Amount Received
E. Receipts from Entity The control of Entit	ties other than Individu	Zip Code	Date Recei Date Recei Aggregate Aggregate	ved Contribu Contribu	dum Committe	Amount Received 2023 OCT 31 PM 2 Amount Received

Page 6 of 17

NAME OF COMMITTEE	E (Provide Complete Name as Registered	l with Filing Repository)		TYPE OF REP	ORT
KD 3	<i>5</i>				
	Amount Transferred fr	om Affiliated Busi	ness Treasury (Bu	siness Entity Com	
Date of Receipt	Is this transaction associate event reported in Section L		fyes, list Event#		Amount
Date of Receipt	Is this transaction associate event reported in Section L		fyes, list Event#		Amount
Date of Receipt	Is this transaction associate event reported in Section L		fyes, list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section L		fyes, list Event #		Amount
			TOTAL SECTI	ON F	Ø
G. Amount Tr	ansferred from Affiliate	d Labor Union or	Other Organizatio	on Treasury (Oi	ganization Committees ONLY)
Date of Receipt	Da	te of Receipt		Date of Receipt	
A	mount	Am	ount		Amount
			TOTAL SECTIO	N G	Ø
	H. Personal Funds of th	e Candidate Recei	ved this Period (6	Candidate Committ	ees ONLY)
Date of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal Check	c ☐ Credit/Del	oit Card	
Date of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal Check	☐ Credit/Del	oit Card	
Date of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal Check	☐ Credit/Del	oit Card	
Date of Receipt	Method of payment:				Amount
	☐ Cash	☐ Personal Check	c ☐ Credit/Del	oit Card	
			TOTAL SECT	TION H	Ø
					·
		I. Anonymous	Contributions		
	D D 111 +	~		1 1	

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission 230CT 31 PM 2:29 for deposit in the General Fund.

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Revised January 2015	I. MONETART RECEIF 19		E DEDORT	
NAME OF COMMITTEE (Provide Complete	e Name as Registered with Filing Repository)	TYPEC	F REPORT	
	J. Interest from Deposits in Author	ized Accounts		
Name of Institution		Date Rec	eived	Amount
Street Address	City	State	Zip Code	
Name of Institution	and the second s	Date Rec	eived	Amount
Street Address	City	State	Zip Code	
***	TOT	AL SECTION J		
Name	Miscellaneous Monetary Receipts not Co		te of Transaction	
rvanie			a contraction	Amount Received
Street Address	City	State	Zip Code	
Description				
•				
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name	*****	Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				1823 OCT 31 PM 2=2
		In	A	
Name		Da	te of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Dosenpriori				
	TOTAL S	SECTION K	No.	
SUMMA	ARY OF OTHER MONETARY RECEI	PTS (Sections D th	rough K)	
Total Loans Received this Period (Se		I I S (Sections D ti	10.6.1.	<u> Tabun a Na Bazari, Biya Dalba qazilda biya tiyag</u>
	an Individuals or Other Committees (Section E)	+		
Total Amount Transferred from Affi		+		
	iliated Labor Union or Other Organization Treas			
	the Candidate Received this Period (Section H)	+		
	sits in Authorized Accounts (Section J)	+		
Total Miscellaneous Monetary Recei	pts not Considered Contributions (Section K)	+ - = 124230161181613816121828181		
(Ada	Total of Othe d Sections D through K) (Enter total on Line 15, Colu	er Monetary Recei		Q

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
	L1. Even	t Information		#6 gr (40)	1
Event # Date of Event Letter	Description			Was this a f	undraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at		☐ Yes (If yes, go to Section L Associated with a Hot purchases made by hos	ise Party and comple	te required info	ormation for any
	de goods or services donated by a business entity nated by an individual of up to \$100?	☐ Yes (<i>If yes</i> , go to Section L and complete required ☐ No		not Considered	l Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	☐ Yes (If yes, enter Total Rec	eipts here.)	. [\$	
	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees other than Exploratory Yes (If yes, go to Section L or on a Sign and com	3 Purchases of Adver		a Program Book
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	☐ Yes (If yes, enter Total Rec	eipts here.)	- [\$	
Event # Date of Event Letter	Description			Was this a fi	undraising event
Location: Street Address		City		2023 0	CTJI FN 2
Subpart 1: (All Committee Was this event hosted at		☐ Yes (If yes, go to Section L. Associated with a Hot purchases made by hos	ise Party and comple	te required info	ormation for any
	de goods or services donated by a business entity onated by an individual of up to \$100?	☐ Yes (<i>If yes</i> , go to Section I and complete required ☐ No		not Considere	d Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?	☐ Yes (<i>If yes</i> , enter Total Rec ☐ No	reipts here.)	\$	
Subpart 2: (Party Comm. Were there purchases of sign associated with this	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	nittees other than Exploratory Yes (If yes, go to Section L or on a Sign and com	3 Purchases of Adver		a Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes (If yes, enter Total Rec	eipts here.)	\$	
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page	Ø)
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —			
		TOTAL of additional Section	ı Lı Pages		
		IPTS FROM SMALL PU		K	4

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

	Progress Selfin Control of the Control			TAME OF SERV	ND TE		
NAME OF COMMI	TTEE (Provide Complete Nam	ie as Registered with Filing Reposi	tory)	TYPE OF REPO	JK I		
	L3. P	urchases of Advertisi	ng in a Prog	ram Book or on a Sign			
Name of Purchaser	<u></u>				Purchas	e Made By:	\$200 Ela 1145 Ela 1617 710 (193
					☐ Bu	siness Entity	Other
					☐ Inc	lividual/Sole	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad Purch	ase	Amount of	Sign Purchase
						W 1 B	
Name of Purchaser						e Made By:	
					1	siness Entity	
			Tai		Li Ind	T	Proprietorship Zip Code
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase	Amount of S	Sign Purchase
Name of Purchaser					Purchas	e Made By:	
						siness Entity	Other
					1		Proprietorship
Street Address		Make the control of t	City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase .	Amount of S 2023 (Sign Purchase OCT 31 PM 2
Name of Purchaser					1	e Made By:	
						siness Entity	
					☐ Ind	T	Proprietorship
treet Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase	Amount of S	Sign Purchase
Name of Purchaser					Purchas	e Made By:	
						siness Entity	☐ Other
					Į.	-	Proprietorship
treet Address			City		<u> </u>	State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purch	ase .	Amount of	Sign Purchase
				Program Book — This Page		9	
	SUBTO	FAL Section L3 Total Pur		tising on a Sign — This Page			
				f additional Section L3 Pages		- An	
T	OTAL OF ALL PURC			RAM BOOK or ON A SIGN		D	

L4. In-Kind Donations Not Considered Contributions State Coly State Zap Code	NAME OF COMMITTE	BE (Provide Complete Name o	is Registered with Filing Repos	itory)	TYPE OF R	EPORT		
City State Zip Code	RD 3	3						
Description of Denation Denation Description of Denation Denation Denation Denation Denation Denation Denation Denation Denati	In a of Dance	L ₄	i. In-Kind Donation	ns Not Cons	idered Contributions			
Donation Given By: Date Received Date Received Event # Aggregate Value for this Event Date Received Date Received Event # Aggregate Value for this Event Date Received Date Received Event # Aggregate Value for this Event Date Received Date Received Event # Aggregate Value for this Event Date Received Date Received Event # Aggregate Value for this Event Date Received Event # Aggregate Value for this Eve	value of Donor							
Business Entity Individual Sole Proprietorship Date Received Event # Aggregate Value for this Event	Street Address			City			State	Zip Code
Business Emity Individual Sole Proprietorship Date Received Event # Aggregate Value for this Event 2023 OCT 31 pt								
Individual Date Received Event # Aggregate Value for this Event	Donation Given By:	Description of Donation				Fair	Market V	alue of Donation
Solie Proprietorship Same of Donor State City State Zip Code								
Name of Donor Street Address City State Zip Code		Date Received	Event #		Aggregate Value for this Event			
State Address City State Zip Code	Sole Proprietorship							
Description of Denation Description of Denation Date Received Event # Aggregate Value for this Event Pair Market Value of Don	lame of Donor						2023 0	CT31 PM 2
Donation Given By: Business Entity Individual Date Received Event # Aggregate Value for this Event Fair Market Value of Don Sole Proprietorship Date Received Event # Aggregate Value for this Event City State Zip Code State Value of Donation Given By: Description of Donation Pair Market Value of Don Business Entity Individual Date Received Event # Aggregate Value for this Event State Zip Code City City Zip Code City Code	treet Address			City			State	Zip Code
Business Entity Individual Date Received Event # Aggregate Value for this Event State Zip Code								
□ Individual □ Sole Proprietorship □ Date Received □ Date Received □ Date Received □ Description of Donation □ Date Received	Donation Given By:	Description of Donation				Fair	Market V	l alue of Donation
Sole Proprietorship Date Received Event # Aggregate Value for this Event	☐ Business Entity							
Name of Donor Street Address		Date Received	Event #		Aggregate Value for this Event			
City State Zip Code	☐ Sole Proprietorship							
Donation Given By:	Name of Donor							
Donation Given By: Business Entity Individual Sole Proprietorship Date Received Event # Aggregate Value for this Event		3		Tay			Tac	T2: 0-1
□ Business Entity □ Individual □ Date Received Event # Aggregate Value for this Event □ Sole Proprietorship □ Sole Proprietorship □ City State Zip Code □ Description of Donation □ Description of Donation □ Fair Market Value of Don □ Individual □ Date Received □ Event # Aggregate value for this Event □ Sole Proprietorship □ SUBTOTAL Section L4 — This Page □ TOTAL of additional Section L4 Pages TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	street Address			City			State	Zip Code
□ Business Entity □ Individual □ Date Received Event # Aggregate Value for this Event □ Sole Proprietorship □ Sole Proprietorship □ City State Zip Code □ Description of Donation □ Description of Donation □ Fair Market Value of Don □ Individual □ Date Received □ Event # Aggregate value for this Event □ Sole Proprietorship □ SUBTOTAL Section L4 — This Page □ TOTAL of additional Section L4 Pages TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	Danation Given Ry	Description of Danation				15.	26-1-42	-1 6 X
Sole Proprietorship Treet Address City State Zip Code Description of Donation Business Entity Individual Sole Proprietorship Substrate Value of Don Substrate Value of Don Substrate Value of Don Substrate Value of Don Total Of All In-Kind Donations Not Considered Contributions		Description of Donacion				Fair	Market v	aiue oi Donation
Aggregate value for this Event Substituted Address City State Zip Code Conation Given By: Business Entity Individual Sole Proprietorship Substitute of Don Aggregate value for this Event Substitute of Don Total of additional Section L4 — This Page Total of additional Section L4 Pages	☐ Individual	Date Received	Event #		Aggregate Value for this Event			
City State Zip Code	☐ Sole Proprietorship							
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□ Business Entity □ Individual □ Sole Proprietorship □ SUBTOTAL Section L4 — This Page TOTAL of additional Section L4 Pages TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS	treet Address			City			State	Zip Code
□ Business Entity □ Individual □ Sole Proprietorship □ SUBTOTAL Section L4 — This Page TOTAL of additional Section L4 Pages TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS								
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TOTAL of additional Section L4 Pages TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS		Date Received	Event #		Aggregate value for this Event			
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TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS			SU	BTOTAL Sec	ion L4 — This Page	C	X	
			TO	ΓAL of additio	nal Section L4 Pages			
	ТО	TAL OF ALL IN-KINI	D DONATIONS NOT	CONSIDERED	CONTRIBUTIONS	A		
							\	

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Re	pository)		TYPE OF RE	PORT	
<u>KD</u>	23				V. 41. 42. 12. 14. 1	
	L5. In-Kind Donations Not Consid	ered Contributions Asso				
Name of Host			committee?		lo	one candidate or
Street Address		City	1,7,500,00	Angrete Atems	State	Zip Code
Sirect Address		City			Bate	In Code
Description of Donation				Fair Ma	rket Value	e of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate	-	2023 O	CT 31 PM 2:2
Name of Host						one candidate or
			committee? If yes, co	☐ Yes ☐ N omplete Itemiz		ddendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
·				Tan 1/12	rec vara	or bonation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate			
Name of Host			committee?	☐ Yes ☐ N	Го	one candidate or
			If yes, co	mplete Itemiz		
Street Address		City			State	Zip Code
Description of Donation		L		Fair Ma	rket Value	of Donation
		·				
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate			
Name of Host			Is this event s			one candidate or
			If yes, co	mplete Itemiz	ation in A	ddendum L5
Street Address		City		., , , , , , , , , , , , , , , , , , ,	State	Zip Code
Description of Donation				Fair Ma	rket Valu	e of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—th	is host/candidate	-		
		1.60.16			,	
		SUBTOTAL Section L5	— This Page		Ø	
		TOTAL of additional Secti	ion L5 Pages		,	
	TAL OF ALL IN-KIND DONATIONS N WITH A HOUSE PARTY (Enter total or	OT CONSIDERED CONT Line 22, Column A of Summa	 For Property and Control of the Contro		Ø	

Revised January 2015	I. NONNO	NETAKT KEC	EII 19 (Sectio		
NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repository)		TYPE OF REPORT	
		M. In-Kind Con	tributions	.	
Name					
Street Address	1 · · · · · · · · · · · · · · · · · · ·		City		State Zip Code
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	
☐ Individual / Sole Proprietorship ☐ Other					
Is contributor a lobbyist, spouse,		excess of \$400 to a candid business he/she is associate \$5,000?			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If yes,	tor a principal of a state coindicate which branch or rument the contract is with	branches	□No	
Name					
Street Address			City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No		excess of \$400 to a candidustries he/she is associated \$5,000?			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No If yes, i	tor a principal of a state co indicate which branch or rnment the contract is with	branches	□ No	
Name					2023 OCT 31 pm 2:3
Street Address			City		State Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Received	Aggregate Contributions	Description of In-Kind	Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		excess of \$400 to a candidusiness he/she is associated \$5,000?			Fair Market Value of this Contribution
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	l -	SUBTOTAL S	Section M — This Pa	ge	Ó
		TOTAL of addi	tional Section M Pag	es	.
TOTAL OF ALL IN-KIND CON	TRIBUTIONS Œ	nter total on Line 23, Colu	un A of Summary Page To	otals)	Q
	N. Refund	lable Deposit to To	elephone Compar	ıy	
Last Name of Individual		First		MI	Date Deposit Made
Res idential Street Address		City		State Zip Code	Amount of Deposit
Name of Telephone Company					
Street Address		City		State Zip Code	_
TOTAL SE	CTION N (Enter 1	total on Line 24, Column	A of Summarv Page Toto	als)))

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	FEE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT	
トリーム	P. Expense	es Paid by Committee		
Name of Payee VALUE OF Payee Street Address	y Publishing Co	City	Date of Payment	Method of Payment: Check # O EFT State Zip Code
1 F	rancis St.	Derby		CT 06418
Purpose of Expenditure (by code)	"Dziekan's Plan'	'Postcards	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	iture)		d,000, M
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City	,	State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required of None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind coordinated with reimbursement sought with reimbursement sought (in-kind coordinated with reimbursement sought with reimbursement so	ture) 🔲 Independ		
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	liture) 🔲 Indepen		2023 OCT 31 PM 2:3
Name of Payce			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City	-	State Zip Code
Purpose of Expenditure (by. code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture)		
		SUBTOTAL Section P —	- This Page 2,8	33.19
	T	OTAL of additional Section	on P Pages	
		PENSES PAID BY CON ine 19, Column A of Summary	MMITTEE 2, 8	33,19

Revised January 2015	X 11 X31X	E E E E E E E E E E E E E E E E E E E		_
NAME OF COMMIT	TEE_(Provide Complete Name as Registered with F	iling Repository)	TYPE OF REP	ORT
KD 2	13			
	O. Camr	paign Expenses Paid b	v Candidate	
Name of Pavee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
	,,,,,,,,,,,,			
				☐ Yes ☐ No
Street Address		City		State Zip Code
D	I December 1		Event #	Amount
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of V	: 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Payce (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		
oncer Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				2023 OCT 31 PM 2:3
Name of Payee (Name of V	(endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
(by code)				
Name of Payee (Name of V	 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
rante of rayeo (rame by r	enaos, reison or Bung who cumunine pun urceny)		Date of Fayment	
				☐ Yes ☐ No
Street Address		City		State Zip Code
D 6 F 1i4	Description		Event #	
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)	2001.p.to.1			1
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		SUDIUIAL 50	tion Q — This Page	<u>Q</u>
		тоти е э и		
		TOTAL OF Additio	nal Section Q Pages	
	TOTAL OF	ALL EXPENSES PAID	BY CANDIDATE	*
		er total on Line 26, Column A o		ω

IV. EXPENDITURES (Sections P—T)

THE REPORT OF THE PROPERTY OF	R Expens	es Incurred on Commit	tee Credit Card				
Name of Issuing Inst		Type of Credit C					
		□ Visa □	Master Card Discover	American Express	Other:		
Name of Vendor, Person	or Entity			Date of T	ransaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	☐ None of the below ☐ Coordinated with reimbursement soug	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D					
Name of Vendor, Person	or Entity	/		Date of T	ransaction		
Street Address	4	City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
		 					
(if applicable)	Type of Expenditure (Itemization in Addendard None of the below Coordinated with reimbursement soug Coordinated without reimbursement so or Entity	tht (joint expenditure)	he below" is checked) Independent Organization: OA OB OC		ransaction		
((f applicable) Name of Vendor, Person	☐ None of the below ☐ Coordinated with reimbursement soug ☐ Coordinated without reimbursement so	tht (joint expenditure) ought (in-kind contribution)	☐ Independent	Date of T			
((f applicable) Name of Vendor, Person	☐ None of the below ☐ Coordinated with reimbursement soug ☐ Coordinated without reimbursement so	tht (joint expenditure)	☐ Independent		ransaction Zip Code		
Name of Vendor, Person Street Address Purpose of Expenditure	☐ None of the below ☐ Coordinated with reimbursement soug ☐ Coordinated without reimbursement so	tht (joint expenditure) ought (in-kind contribution)	☐ Independent	Date of T			
Name of Vendor, Person Street Address Purpose of Expenditure by code) Expenditure #	☐ None of the below ☐ Coordinated with reimbursement soug ☐ Coordinated without reimbursement so or Entity	tht (joint expenditure) ought (in-kind contribution) City City Am R Required unless "None of the contribution"	☐ Independent ☐ Organization: ○ A ○ B ○ (Date of T	Zip Code		
Name of Vendor, Person Street Address urpose of Expenditure by code) Expenditure #	□ None of the below □ Coordinated with reimbursement soug □ Coordinated without reimbursement so or Entity □ Description □ Type of Expenditure (Itemization in Addendate) □ None of the below □ Coordinated with reimbursement soug	cht (joint expenditure) ought (in-kind contribution) City City City Cht (joint expenditure) ought (in-kind contribution)	□ Independent □ Organization: ○ A ○ B ○ C Event # the below" is checked) □ Independent	Date of T	Zip Code		
Name of Vendor, Person Street Address Purpose of Expenditure by code) Expenditure #	□ None of the below □ Coordinated with reimbursement soug □ Coordinated without reimbursement so or Entity □ Description □ Type of Expenditure (Itemization in Addendate) □ None of the below □ Coordinated with reimbursement soug	cht (joint expenditure) ought (in-kind contribution) City City City Cht (joint expenditure) ought (in-kind contribution)	□ Independent □ Organization: ○ A ○ B ○ C Event # the below is checked) □ Independent □ Organization: ○ A ○ B ○ C ton R — This Page	Date of T	Zip Code		
Expenditure # ((f applicable) Name of Vendor, Person Street Address Purpose of Expenditure by code) Expenditure # ((f applicable)	□ None of the below □ Coordinated with reimbursement soug □ Coordinated without reimbursement so or Entity □ Description □ Type of Expenditure (Itemization in Addendate) □ None of the below □ Coordinated with reimbursement soug □ Coordinated without reimbursement so	cht (joint expenditure) ought (in-kind contribution) City City tht (joint expenditure) ought (in-kind contribution) SUBTOTAL Section TOTAL of additions	□ Independent □ Organization: ○ A ○ B ○ C Event # the below is checked) □ Independent □ Organization: ○ A ○ B ○ C ton R — This Page al Section R Pages E CREDIT CARD	Date of T	Zip Code		

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Reposito	ory)	TYPE OF REPOR	ĽΤ	
KD	23				
	S. Expenses Incurred by Cor	mmittee but Not Paid	During this Period		
Name of Creditor				Date Incur	'ea
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1	ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require ☐ None of the below ☐ Coordinated with reimbursement sought (joint expe	☐ Indep	oendent ization: O A O B O C	о р	OCT 31 pm 2:
Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	L	Event #	1	ount Incurred timate or Actual)
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Requir None of the below Coordinated with reimbursement sought (joint expe	☐ Indep	is checked) endent ization: O A O B O C	0 D	
Name of Creditor	A commence and a comm			Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	I	ount Incurred timate or Actual)
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Requir None of the below Coordinated with reimbursement sought (joint expe	☐ Indep	oendent hization: O A O B O C	0 D	
		SUBTOTAL Section	S-This Page	Ø	
		TOTAL of additional Se	ction S Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DU (Enter total o	URING THIS PERIOD BU on Line 28, Column A of Summ		Ø	
	Previously reported E	Expenses Unpaid and still (Outstanding		
	TOTAL OF ALL EXPENSES INCURR (Enter total on	ED BY COMMITTEE BU Line 28a, Column A of Summ	AND CONTRACTOR OF THE CONTRACT	B	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing Reposi	tory)		ТҮРЕ О	F REPORT		
BD	23						
	T. Itemization of Rein	nbursements	and Secondar	y Payees	\$		
Last Name of Worker/Con	sultant	First			MI		Payment to Vendor, or Entity
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant			геро	ment to Reimbur rted in Section F Check #	? :	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description	I	Ever	nt #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	penditure)	of the below" is che	i .	в ос о		OCT 31 PM 2:3
Last Name of Worker/Cons	sultant	First			MI		Payment to Vendor, or Entity
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant			repo	ment to Reimbur orted in Section F Check #	2;	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Ever	nt #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kit)	penditure)	of the below" is che	t	в ос о	D	
Last Name of Worker/Con	sultant	First			MI		Payment to Vendor, or Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant			repo	ment to Reimbur orted in Section I Check #	P:	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Evei	nt#			Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	penditure)	of the below" is che	t	в ос о	D	
		SUBTOTA	L Section T — TI	nis Page		Ø	
		TOTAL of ac	lditional Section	T Pages		Ø	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS A	AND CONSUL	TANTS		P	